



COLORADO

Department of Regulatory Agencies

SUNRISE REVIEW APPLICATION

Any occupational group or other interested party proposing the regulation of an unregulated occupational group is required to submit the information requested below to the Department of Regulatory Agencies' Office of Policy, Research and Regulatory Reform. Completed applications must be received by December 1 to have a review conducted and the Department's findings published by the following October 15.

In accordance with § 24-34-104.1(2), C.R.S., the application must be accompanied by a statement of support signed by at least ten members of the professional or occupational group for which regulation is being sought or at least ten individuals who are not members of such professional or occupational group.

After review of a proposal to regulate a professional or occupational group, the Department may decline to conduct an analysis and evaluation of the proposed regulation if it:

- Previously conducted an analysis and evaluation of the proposed regulation of the same professional or occupational group;
- Issued a report not more than thirty-six months prior to the submission of the current proposal to regulate the same professional or occupational group; and
- Finds that no new information has been submitted that would cause the Department to alter or modify the recommendations made in its earlier report on the proposed regulation of the professional or occupational group.

If the Department declines to conduct an analysis and evaluation, the Department must reissue its earlier report on the proposed regulation to the proponents of the regulation and the General Assembly no later than October 15 of the year following the year in which the proposed regulation was submitted.

The application should be typed and dated. Remember, the burden of proving the need for regulation is on the applicant. The more thoroughly the applicant can substantiate the need for regulation, the easier it will be for the application to be reviewed. The application should be mailed to:

Colorado Department of Regulatory Agencies
Office of Policy, Research and Regulatory Reform
1560 Broadway, #1550
Denver, CO 80202

Please respond to the following questions in the order provided.

1. The name, address, telephone number, and organizational affiliation of the person(s) designated to represent the applicant.

Heather Baines, AD

Heather is a professional member of the National Ayurvedic Medical Association (NAMA), is recognized by NAMA as an Ayurvedic Doctor, and serves on the NAMA Legal Committee and State Association Subcommittee, is the current president, past chair of Governance and past co-chair of the Membership Committee of the Colorado Ayurvedic Medical Association (COLORAMA) and serves on the Council for Ayurvedic Credentialing (CAC)

Sujatha Reddy, AD BAMS MEd LPC

Sujatha serves as the Governance Committee Chair for COLORAMA, is a professional member of NAMA, is recognized by NAMA as an Ayurvedic Doctor, and is a member of AAPI (American Association of Physicians of Indian Origin), CCA (Colorado Counselors Association), OCA (Ohio Counselors Association), and CAR (Council for Ayurvedic Research)

Colorado Ayurveda Medical Association (COLORAMA)

PO Box 905

Boulder, Colorado 80302

(720) 336-1092

COLORAMA general counsel:

Robert A. Lees, Esq

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5290 DTC Parkway

Suite 150

Greenwood Village, Colorado 80111

Phone: (303) 292-1020

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2. What is the occupational group for which the applicant is seeking regulation? Is this group known by more than one name? If so, please specify.

The Colorado Ayurvedic Medical Association (COLORAMA) is seeking to regulate and license three categories and scopes of practice of Ayurvedic professionals, established by the National Ayurvedic Medical Association (NAMA), and further defined throughout this application:

1. Ayurvedic Doctors
2. Ayurvedic Practitioners
3. Ayurvedic Health Counselors

The National Center for Complementary and Integrative Health (NCCIH) of the National Institutes of Health (NIH) recognizes this occupational group as practitioners of a complementary and integrative health approach known as Ayurvedic Medicine (also called Ayurveda). The World Health Organization (WHO) in its 2010 Benchmarks for Training in Ayurveda recognizes Ayurveda as one of the world's oldest Traditional and Complementary Medicine (T&CM) practices.

3. Identify the associations, organizations and other groups representing the practitioners. Please provide contact information for each organization.

Colorado Ayurvedic Medical Association (COLORAMA)

<https://www.coloradoayurveda.org/>

PO Box 905

Boulder, CO 80302

Tel: (720) 336-1092

Email: core@coloradoayurveda.org

National Ayurvedic Medical Association (NAMA)

<https://www.ayurvedanama.org/>

8605 Santa Monica Blvd, #46789

Los Angeles, CA 90069-4109

Tel: (800) 669-8914

Email: nama@ayurvedanama.org

National Ayurvedic Medical Association Certification Board (NAMACB)

<https://www.namacb.org/>

8605 Santa Monica Blvd, #46789

Los Angeles, CA 90069-4109

Tel: (800) 669-8914

Email: namacb@ayurvedanama.org

National Ayurvedic Medical Association Accreditation Council (NAMAAC)

8605 Santa Monica Blvd, #46789

Los Angeles, CA 90069-4109

Tel: (800) 669-8914

Association of Ayurvedic Professionals of North America (AAPNA)

<https://www.aapna.org/>

567 Thomas Street

Suite 400

Coopersburg, PA 18036

Tel: (484) 550-7725

Tel: (484) 347-6110

Email: aapnahelp@gmail.com

International Society for Ayurveda and Health
PO Box 271737
West Hartford, CT 06127-1737
Tel: (860) 561-4857
Email: aguha1@att.net

Council for Ayurvedic Credentialing (CAC)
<https://www.cayurvedac.org/>
1041 Canyon Creek Rd
Normal, IL 61761
Tel: (309) 826-8799

Council for Ayurvedic Research (CAR)
<http://ayurvedaresearchusa.org/>
17 Overlook Drive
Danvers, MA 01923
Tel: (603) 791-4911
Email: ayurvedaresearchusa@gmail.com

Academic Collaborative for Integrative Health (ACIH)
<https://integrativehealth.org/special-interests-groups/>
PO Box 85
Whitefish, MT 59937
Tel: (858) 371-3147
Email, Executive Director: Alyssa Wostrel awostrel@integrativehealth.org

American Herbal Products Association
<http://www.ahpa.org/>
8630 Fenton Street # 918
Silver Spring, MD 20910
Tel: (301) 588-1171
Fax: (301) 588-1174
Email: ahpa@ahpa.org
Ayurvedic Products Committee
Co-Chairs: Wynn Werner (The Ayurvedic Institute) and P K Davè (Nature's Formulary)

4. Please estimate the number of Colorado practitioners in each group.

Public records and Google search indicate there are more than **70 Ayurvedic professionals** in the state of Colorado.

The Colorado Ayurvedic Medical Association (COLORAMA) has 41 active members in 2018.

According to 2018 membership records, the National Ayurvedic Medical Association (NAMA) lists more than 800 Ayurvedic professional members in the United States, and the Association of Ayurvedic Professionals of North America (AAPNA) lists 100 professional members in the United States.

NAMA has provided the following membership records for three categories of Ayurvedic professionals for which we seek licensure in the state of Colorado:

Ayurvedic Doctors (AD): 12

Ayurvedic Practitioners (AP): 27

Ayurvedic Health Counselors (AHC): 2

The under representation within the AHC category of practice is one indication that the practice of Ayurveda be regulated, as we estimate that the majority of practitioners of Ayurveda in the state of Colorado have education and experience at this scope of practice.

5. Describe the functions performed by members of this occupational group. Note which functions are unsupervised or supervised and by whom. In addition, indicate functions which are similar to those performed by other groups and identify those groups. How do the functions performed by this group vary from the other groups' functions?

Ayurvedic medicine is a holistic and complementary form of traditional medicine, and we believe that Ayurvedic Professionals at all categories and scopes of practice must take an integrative approach to collaborate care with and provide support to our client/patient's Primary Care Physician and, as needed, with their medical team. This application defines both a new profession, Ayurvedic professionals who provide traditional and complementary medicine (T&CM), and the scopes of practice we wish to identify and codify in Colorado. We define the practice of Ayurveda here, as well as begin to define the functions performed by this group, and how they coordinate with other groups' functions, including medical doctors and other licensed healthcare providers.

The World Health Organization (WHO) recognizes Ayurveda as a form of traditional and complementary medicine (T&CM) in its WHO Traditional Medicine Strategy 2014-2023 document “intended to provide information, context, guidance and support to policymakers, health service planners, public health specialists, traditional and complementary medicine communities and other interested parties about T&CM, including products, practices and practitioners ... This new strategy reviews the potential contribution T&CM can make to health, in particular health service delivery, and establishes priority actions for the period to 2023. This strategy is an effective and proactive response to the World Health Assembly Resolution on traditional medicine¹, which encourages Member States to consider T&CM as an important part of the health system.”² The strategy was updated for a number of reasons:

1) Continued uptake of T&CM

The public and consumers of health care worldwide continue to include T&CM in their health choices. This obliges Member States to support them in making informed decisions about their options.

2) T&CM has growing economic importance

T&CM is growing and expanding, particularly with respect to products bought in person or over the Internet. The T&CM sector now plays a significant role in the economic development of a number of countries. At the same time, with prevailing current global financial constraints, use of T&CM for health promotion, self-health care and disease prevention may actually reduce healthcare costs.

3) The global nature of T&CM

T&CM products and practices from one region are used throughout the world to complement local health care service delivery, making T&CM a truly global phenomenon. This requires a new level of cooperation among Member States as the sector continues to work on defining and supporting access to safe products and practices.

4) Levels of education, accreditation and regulation of T&CM practices and practitioners vary considerably

In an increasingly globalized world, individuals move freely from country to country in order to live and work. Given this trend, a better understanding of T&CM practitioners is needed to ensure professional consistency and safety.

5) Recent advances in T&CM research and development

Since the release of the WHO Traditional Medicine Strategy 2002–2005, there have been significant advances in what is known about T&CM along with the development of technical standards and guidelines for organized health service delivery.

¹ WHA62.13. Traditional medicine. In: Sixty-second World Health Assembly, Geneva, 18–22 May 2009. Resolutions and decisions, annexes. Geneva, World Health Organization, 2009 (WHA62/2009/REC/1; http://apps.who.int/gb/ebwha/pdf_files/WHA62-REC1/WHA62_REC1-en.pdf, accessed 3 September 2013.

² World Health Organization. WHO Traditional Medicine Strategy 2014-2023. <http://apps.who.int/medicinedocs/documents/s21201en/s21201en.pdf>, accessed November 1, 2018.

6) Intellectual property

As T&CM becomes more popular, it is important to balance the need to protect the intellectual property rights of indigenous peoples and local communities and their health care heritage while ensuring access to T&CM and fostering research, development and innovation. Any actions should follow the global strategy and plan of action on public health, innovation and intellectual property³.

7) Integration of T&CM into health systems

As the uptake of T&CM increases, there is a need for its closer integration into health systems. Policy makers and consumers should consider how T&CM may improve patient experience and population health. Important questions of access as well as population and public health issues must be addressed.

In its 2010 Benchmarks for Ayurvedic Training WHO explains that “Ayurveda describes the beneficial, non-beneficial, happy and unhappy aspects of life. Health is defined as the state of equilibrium of *dosha* (life forces, based on five element theory), *agni* (digestive juices, enzymes and hormones), *dhatu* (tissues) and the normal excretion of *mala* (waste materials), along with a happy state of *atma* (soul), *indriya* (sensory and motor organs), and *manas* (mind). Ayurveda is a Sanskrit word derived from *ayuh* (life) and *veda* (knowledge), and is also known as the ‘science of life’.”

In partnership with India’s AYUSH ministry, WHO is undertaking an update to their 2010 benchmarks, which began in September 2018. This collaboration is aimed at arriving at an International consensus regarding the structure and content of each of the draft benchmark documents. These documents are expected to provide minimum requirements for qualified practice by practitioners of Ayurveda to provide minimum safety requirements for practice and also to serve as a reference to national authorities to establish/ strengthen regulatory standards to ensure qualified practice of such system and patients safety.⁴

³ WHA61.21. Global strategy and plan of action on public health, innovation and intellectual property. In: Sixty-first World Health Assembly, Geneva, 19–24 May 2008. Resolutions and decisions, annexes. Geneva, World Health Organization, 2008 (WHA61/2008/REC/1; http://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_REC1-en.pdf), accessed 3 September 2013

⁴ AYUSH Press Information Bureau. World Health Organization is Developing Benchmark Documents for practice in traditional medicine. <http://pib.nic.in/newsite/PrintRelease.aspx?relid=183508>), published 17 September 2018.

The term “Ayurveda” combines the Sanskrit words ayur (life) and veda (science or knowledge). Ayurvedic medicine, as practiced in India, is one of the oldest systems of medicine in the world.⁵ The University of Minnesota *Taking Charge of Your Health & Wellbeing* website describes Ayurveda this way:

“Ayurvedic medicine has a rich history. Originally shared as an oral tradition, Ayurveda was recorded more than 5,000 years ago in Sanskrit, in the four sacred texts called the Vedas: the Rig Veda (3000-2500 BCE), Yajur Veda, Sam Veda, and Atharva Veda (1200-1000 BCE).

Ayurvedic theory states that all areas of life impact one's health, so it follows that the Vedas cover a wide variety of topics, including health and healthcare techniques, astrology, spirituality, government and politics, art, and human behavior.

Ayurvedic medical books, available by the eighth century BCE, provide not only procedural instructions but also a history of how Ayurvedic medicine evolved over time. Current knowledge about Ayurveda is primarily based on "the great triad" of texts called Brhatrayi, which consists of the Charak Samhita, Sushruta Samhita, and Ashtanga Hridaya. These books describe the basic principles and theories from which modern Ayurveda has evolved.

Key concepts of Ayurvedic medicine include universal interconnectedness (among people, their health, and the universe), the body's constitution (*prakruti*), and life forces (*dosha*). Using these concepts, Ayurvedic physicians prescribe individualized treatments, including compounds of herbs or proprietary ingredients, and diet, exercise, and lifestyle recommendations.

In Ayurveda, perfect health is defined as "a balance between body, mind, spirit, and social wellbeing." In fact, the twin concepts of balance and connectedness echo throughout Ayurvedic texts, thought, and practice.

Like all holistic health systems, Ayurveda emphasizes the unshakable connections between the body, mind, and spirit. However, Ayurveda's connectedness extends far beyond the individual, reaching into the universal.

Basic tenets include:

- All things in the universe, both living and nonliving, are joined together. In fact, everything in the universe is actually made of the same five gross natural elements: space, air, fire, water, and earth.
- There is a deep connection between the self and the environment.
- We are all initially connected within ourselves, to people surrounding us, to our immediate environment, and to the universe. This balanced connectivity ensures good health.
- We remain healthy if we retain balance, interacting with our environment in an effective and wholesome way.

⁵ Guha, Amala PhD MPH MA. Ayurvedic Medicine. Taking Charge of Your Health & Wellbeing. University of Minnesota. <https://www.takingcharge.csh.umn.edu/where-ayurveda-come-from>. Updated 2016. Accessed September 30, 2018.

- However, our initial balance is often disrupted by our lifestyles. Choices about diet, exercise, profession, and relationships all have the potential to create physical, emotional, or spiritual imbalances.
- This imbalance causes a lack of harmony, and makes us more susceptible to disease.
- Human beings are responsible for their choices and actions. We can attain and maintain good health if we make balanced choices that promote connectivity and harmony.

Ayurvedic philosophy maintains that people are born with a specific constitution, which is called the *prakruti*. The *prakruti*, established at conception, is viewed as a unique combination of physical and psychological characteristics that affect the way each person functions.

Throughout life, an individual's underlying *prakruti* remains the same. However, one's *prakruti* is constantly influenced by various internal, external and environmental factors like day and night, seasonal changes, diet, lifestyle choices, and more.

Ayurveda places great emphasis on prevention of illness, and recommends maintaining health through following daily and seasonal regimens which create balance.”

Between 2012-2017 the United States saw a significant increase in the use of Yoga and Meditation by US Adults aged 18 and over. The National Center for Health Statistics, US Department of Health and Human Services Centers for Disease Control and Prevention saw the percentage of adults using meditation jump more than 10%, from 4.1% in 2012 to 14.2% in 2017, while the use of Chiropractic care increased incrementally from 9.1% in 2012 to 10.3% in 2017.⁶ Long considered “sister sciences” of Ayurveda, Ayurveda recognizes and employs the use of yoga and meditation techniques as part of its holistic approach to a balanced and healthy mind, body, and spirit. The sharp rise in the adoption of these holistic health approaches is an increasing sign of the desire for a holistic medicinal approach, sought by many members of the public in Colorado.

The University of Minnesota *Taking Charge of Your Health & Wellbeing* website continues:

“Ayurveda teaches that three qualities, called doshas, form important characteristics of the *prakruti*, or constitution. These doshas are called vata, pitta, and kapha, and they all have a specific impact on bodily functions.

Practitioners of Ayurvedic medicine observe that each person has an individual, "tailored" balance of the three doshas. Individual doshas are constantly "in flux," and are influenced by eating, exercising, and relating to others.

⁶ Department of Health and Human Services. NCHS Data Brief. Use of Yoga, Meditation and Chiropractors Among US Adults Aged 18 and Over. November 2018. <https://www.cdc.gov/nchs/data/databriefs/db325-h.pdf> Accessed November 14, 2018.

Ayurvedic practitioners observe that dosha imbalance produces symptoms that are related to that dosha and are different from symptoms of another dosha imbalance. (For example, if the aggressive and "hot" pitta-prominent person aggravates pitta, he/she may develop prickly rash or an acidic stomach.) Many factors can cause imbalance, including a poor diet, too much or too little physical or mental exertion, chemicals, or germs.

The vast majority of India's population uses Ayurvedic medicine exclusively or combined with conventional Western medicine, and it is practiced in varying forms in Southeast Asia."⁷

In Colorado, Ayurvedic professionals have training in and knowledge of Ayurveda's eight branches of medicine, and practice according to their scope of practice and the limits of the Natural Health Consumer Protection Act (2013), making referrals to medical doctors and medical specialists, or to other Ayurvedic professionals, when treatment falls outside of their scope of practice. Additionally, Ayurvedic professionals are required to inform the client/patient that they should discuss their Ayurvedic care with their Primary Care Physician or other healthcare specialist as appropriate. Ayurvedic Doctors are specifically trained to coordinate their care with a patient's Primary Care Physician and medical team.

The eight branches of Ayurveda are:

- *Kayachikitsa* – General Medicine according to Ayurveda. Ayurvedic Practitioners are prohibited from directly administering medical protocols to Cancer patients pursuant to SB 13-215-6(l), making medical diagnoses pursuant to SB 13-215-6(r), and making recommendations of a course of care, including a prescription drug, that was recommended or prescribed by a health care professional pursuant to 13-215-6(s)
- *Balachikitsa* – Pediatrics. Ayurvedic Practitioners are prohibited from treating children under 2 years of age and must attempt to coordinate care with a Pediatrician when caring for children 2 to 8 years old pursuant to SB 13-215-6(m) and 6(n)
- *Bhutavidya/Manovijnana* – Psychiatry. Ayurvedic Practitioners are prohibited from practicing psychotherapy as defined in 12-43-201 (9), C.R.S. pursuant to 13-215-6(i) and we are not seeking the right to practice or advocate such right or to engage in the practice of psychotherapy or psychiatry.
- *Shalakya Tantra* – Eyes, Ear, Nose and Throat. Ayurvedic Practitioners are prohibited from providing optometric procedures or interventions that constitute the practice of Optometry as defined in Article 40 of Title 12, C.R.S. and we are not seeking the right to practice or advocate such right or to engage in the practice of Optometry.

⁷ Guha, Amala PhD MPH MA. Ayurvedic Medicine. Taking Charge of Your Health & Wellbeing. University of Minnesota. <https://www.takingcharge.csh.umn.edu/where-ayurveda-come-from>. Updated 2016. Accessed September 30, 2018.

- *Shalya Tantra* – Surgery, which includes a basic understanding of the history of surgery and surgical procedure as pioneered and codified by Ayurveda. Application of Shalya Tantra in the state of Colorado includes appropriate preparation and recovery (diet, lifestyle, and self-care practices) before and after patients undergo surgery under the care of their MD, to optimize surgical outcomes and improve recovery time. Ayurvedic Practitioners are prohibited from performing surgery or any invasive procedure; pursuant to 13-215-6(a) and we are not seeking and we are not seeking the right to practice or advocate such right or to engage in the practice of Surgery.
- *Agada Tantra* – Toxicology
- *Jarachikitsa/Rasayana* – Geriatrics and Rejuvenation
- *Vajikarana* — Aphrodisiac Therapy, Fertility, and Conception. Ayurvedic Practitioners are currently prohibited from practicing midwifery pursuant to SB 13-215-6(h) or directly administer medical protocols to a pregnant woman pursuant to 13-215-6(l) and we are not seeking the right to practice or advocate such right or to engage in the practice of midwifery.

Ayurveda relies on diet, lifestyle, and herbal and botanical therapies which pacify and/or reduce the excess qualities of the doshas, build or nourish the body in the case of depletion, and Ayurvedic Practitioners and Ayurvedic Doctors may make recommendations for deep purification and cleansing known as Panchakarma.

The ancient practice of Panchakarma uses five primary therapies to release and eliminate accumulated toxins from deep within the tissues, and return the doshas to their proper seats in the body.

A Panchkarma Technician (PKT) specialty certification may be obtained by any practitioner with a minimum AHC level education and training through the National Ayurvedic Medical Association (NAMA). Panchakarma Technicians administer the body therapies recommended during panchakarma. We are not seeking to license PKT practitioners here.

Ayurveda may also be practiced alongside Yoga Therapy. Any practitioner with education and training in both Yoga Therapy and with a minimum of the AHC level of education and training may apply to be an Ayurvedic Yoga Therapist (AYT) with NAMA. We are not seeking to license AYT practitioners here.

Functions Performed by three categories of Ayurvedic Professionals

The three levels of Ayurvedic practitioners for which we seek licensure include:

1. Ayurvedic Doctor (AD)

The general scope of practice of the Ayurvedic Doctor is similar to the Ayurvedic Practitioner, but they have more extensive, in-depth education and relevant clinical experience in Astanga Ayurveda (all 8 branches of Ayurvedic medicine). They also have additional experience in teaching, demonstrations, practical panchakarma training, and research methods.

Ayurvedic Doctors understand disease from an Ayurvedic perspective, while possessing a working knowledge of Western medical diagnostic and treatment terminology and practices, sufficient to enable them to correlate those terms and diagnosis into Ayurvedic understanding and practice.

Ayurvedic Doctors have a working knowledge of Western medical pathology, pharmacology, diagnostic reports, and treatments, in order to interface with the Western medical community and modify the Ayurvedic management of cases accordingly, as needed. They are not required to order Western diagnostic tests and do not prescribe Western medicines.

Ayurvedic Doctors have an informed awareness of public health and epidemiology (*janapadoddhvamsa*) from the Western and Ayurvedic perspectives. They are informed consumers of research pertaining to the Ayurvedic field, and are able to evaluate, discuss, and apply contemporary research within the context of Ayurvedic knowledge. They are able to make significant contributions to the profession such as contributing to or participating in research, review articles, conference teaching, or presentation of case studies.⁸

The hourly range of educational training for this category is 3000-4500 hours, 1500 contact hours more than the Ayurvedic Practitioner, and a supervised internship overseeing a minimum of 300 patient visits or encounters.⁹

Upon successful completion of the NAMA Certification Board exam, the Ayurvedic Doctor may practice unsupervised in private practice, and in both clinic and integrative health care settings.

⁸ Scope of Practice for the Ayurvedic Profession, finalized August 2018. National Ayurvedic Medical Association. https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/nama_sop_doc_updated_08-08-1.pdf, updated August 1, 2018. Accessed on November 1, 2018.

⁹ Patient Encounter Guidelines. National Ayurvedic Medical Association. <https://www.ayurvedanama.org/articles/2018/1/22/patient-encounter-guidelines>, published January 22, 2016. Accessed on September 1, 2018.

We will require that all Ayurvedic professionals have knowledge of symptoms that require referral to a licensed medical professional and be able to refer patients/clients to the appropriate type of Medical Doctor, PCP, or specialist for assessment and possible treatment. Ayurvedic professionals of any category are strictly prohibited from making medical diagnoses. The scope of practice for the AHC, AP, and AD levels will be the same as that established by NAMA.

2. Ayurvedic Practitioner (AP)

Ayurvedic Practitioners are competent in managing and treating disease from the Ayurvedic perspective, using Ayurvedic etiology, (*nidāna*), pathology (*samprāpti*), diagnosis and management of diseases (*kaya cikitsā*), in addition to being in the prevention of disease and promotion of health (*svasthavṛtta*). In addition to diet and lifestyle (*āhāra vihāra*), Ayurvedic Practitioners use herbs as medicine (*dravyaguṇa vijñāna*) and Āyurvedic purification (*śodhana cikitsā*) and rejuvenative therapies (*rasāyana*). They also understand the basics of Western anatomy, physiology and pathology.

They should be able to contribute to the profession such as by writing articles, contributing to research, teaching at professional conferences or presenting case studies.

The AP applicant must undergo a minimum of 1500-2500 hours of training, and obtain a minimum of 150 patient encounters.¹⁰

Prerequisite: 6 credits of college level anatomy & physiology.

The Ayurvedic Practitioner must be able to refer a patient for assessment and possible treatment by a medical practitioner. In order to be competent, the practitioner should be able to make a referral to an appropriate Western Medicine Practitioner at the appropriate time and must understand the scope of practice of a Medical Practitioner, including which type of specialist is appropriate for the client's condition. The Practitioner must also have knowledge of red flag symptoms that require immediate referral, and must understand how other health care professionals can complement the care being provided by the Ayurvedic Practitioner.¹¹

Upon successful completion of the NAMA Certification Board exam, the Certified Ayurvedic Practitioner may practice in private practice unsupervised, and may be supervised if working in a clinic or integrative health care setting.

¹⁰ Patient Encounter Guidelines. National Ayurvedic Medical Association.
<https://www.ayurvedanama.org/articles/2018/1/22/patient-encounter-guidelines>, published January 22, 2016.
Accessed on September 1, 2018.

¹¹ Āyurvedic Practitioner: Educational Outline for Competency. National Ayurvedic Medical Association.
https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/ap_competency_guideline_09-.pdf Updated December 1, 2017.
Accessed on September 1, 2018.

We will require that all Ayurvedic professionals have knowledge of symptoms that require referral to a licensed medical professional and be able to refer patients/clients to the appropriate type of Medical Doctor, PCP, or specialist for assessment and possible treatment. Ayurvedic professionals of any category are strictly prohibited from making medical diagnoses. The scope of practice for the AHC, AP, and AD levels will be the same as that established by NAMA.

3. Ayurvedic Health Counselor (AHC)

Ayurvedic Health Counselors are competent in health promotion and disease prevention (*svasthavṛtta*). They utilize the principles of Ayurvedic medicine to create diet and lifestyle (*āhāra and vihāra*) recommendations according to their assessment of the patient's Ayurvedic constitution and imbalances (*prakṛti and vikṛti*), state of the *doṣas, agni, dhātus, malas, and manas* (mind). They educate, motivate and counsel patients in order to support them to be successful in implementing the principles of Ayurveda into their lives. Ayurvedic Health Counselors refer patients to Ayurvedic Practitioners or Ayurvedic Doctors when the patient's disease state (*samprāpti*) requires diagnosis (*nidāna*) and treatment (*cikitsā*).¹²

Prerequisite: 6 credits of college level anatomy & physiology.

AHC Applicants must undergo a minimum of 600-1000 hours of training, and a minimum of 50 patient encounters.¹³

We will require that all Ayurvedic professionals have knowledge of symptoms that require referral to a licensed medical professional and be able to refer patients/clients to the appropriate type of Medical Doctor, PCP, or specialist for assessment and possible treatment. Ayurvedic professionals of any category are strictly prohibited from making medical diagnoses. The scope of practice for the AHC, AP, and AD levels will be the same as that established by NAMA.

¹² Scope of Practice for the Ayurvedic Profession, finalized August 2018. National Ayurvedic Medical Association. https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/nama_sop_doc_updated_08-08-1.pdf, updated August 1, 2018. Accessed on November 1, 2018.

¹³ Patient Encounter Guidelines. National Ayurvedic Medical Association. <https://www.ayurvedanama.org/articles/2018/1/22/patient-encounter-guidelines>, published January 22, 2016. Accessed on September 1, 2018.

6. Describe the client group(s) with which this occupational group deals.

Ayurvedic professionals deal with the following client groups:

- **Individuals**

Ayurvedic professionals (AD, AP, AHC) provide diet, lifestyle, and complementary health care services to individuals seeking natural and holistic approach to preventative medicine, health maintenance, and disease management.

- **Companies and businesses**

Ayurvedic professionals may offer wellness services within corporations and small businesses for their employees.

- **Health insurance providers**

Ayurvedic care is not currently covered by health insurance plans. Upon licensure, Ayurvedic professionals may seek to be recognized and covered under health insurance plans.

7. Describe and provide examples of typical work settings of this group.

The typical work setting for an Ayurvedic Practitioner is similar to other complementary health care providers. Ayurvedic Practitioners (AD, AP, AHC) typically offer client/patient complementary health care services in a private practice, private office, or wellness center. The intake room may have seating for the practitioner and the client/patient and/or an exam table.

Ayurvedic practitioners may offer public speaking and informational seminars at wellness fairs, fitness studios, and other settings.

Ayurvedic bodywork and massage may be practiced by a Licensed Massage Therapist in the state of Colorado. Some Ayurvedic bodywork may be excluded from massage licensure and practiced under the Natural Health Consumer Protection Act (2013). Certified Ayurvedic Panchakarma Technicians require minimum training as an Ayurvedic Health Counselor, and may apply to be certified by NAMA as a Panchakarma Technician. We are not seeking licensure for Panchakarma Technicians or Ayurvedic Yoga Therapists in this application.

8. Does the applicant propose licensure, certification, registration, or another type of regulation? Why? (Under licensure, it is illegal for anyone to engage in an occupation without a license, and only persons who possess certain qualifications are licensed. Certification protects specific occupational titles of persons who have met certain educational and experiential standards. Only persons certified in that occupation may use the protected title, although anyone may practice the occupation. Under registration, any person may engage in an occupation, but he or she is required to submit information concerning the location, nature, and operation of the practice.)

The applicant proposes licensure of Ayurvedic professionals for three scopes of practice: Ayurvedic Doctor (AD), Ayurvedic Practitioner (AP) and Ayurvedic Health Counselor (AHC) to ensure that these professionals possess minimum education and clinical experience necessary to prevent injury or harm to clients/patients and to ensure quality health care outcomes.

Licensure is necessary to limit the practice of Ayurveda to those practitioners qualified to offer complementary health care services at each of the scopes of practice categories (AD, AP, AHC) , to protect the public seeking holistic and natural care with Ayurveda, and to enable the practice of Ayurveda to be wholly integrated into US healthcare systems in order to:

- Give clients/patients access to the full range of health care options
- Prevent drug/herb interactions by regulating scopes of practice
- Prevent unqualified practitioners from making suggestions that would otherwise be contraindicated given a client/patient's pre-existing condition or medical diagnosis
- Ensure that Ayurveda recommendations be given in coordination and cooperation with the client/patient's licensed healthcare team.

9. What would be the impact of the proposed regulation on the supply of practitioners in the occupation, including the degree to which existing practitioners would be precluded from practice?

We anticipate that the impact of the proposed regulation will increase the supply of practitioners entering the occupation in Colorado, as Colorado will be the first in the United States to license Ayurvedic professionals, allowing for all of the benefits of a licensed healthcare practice for both the Ayurvedic professional and the client/patient.

Licensure of Ayurveda would impact the existing pool of Ayurvedic professionals by uniformly clarifying the minimum requirements necessary to practice, and give practitioners the ability to use uniform titles to clarify for their client/patients their scope of practice category. Licensure provides a number of invaluable benefits to practitioners of Ayurveda and the general public, such as ensuring absolute authenticity of the practice of Ayurveda, bolstering performance, instilling confidence and trust by the general public and the client/patient of Ayurveda in their practitioners, and giving recognition for the depth of study and clinical experience attained by the professional. Licensure will authenticate the practice of Ayurveda, allowing and encouraging practitioners to collaborate on treatment protocols with other licensed healthcare providers.

By successfully licensing Ayurveda, the occupation of Ayurveda can be adopted as a course of study as a licensed healthcare occupation at universities and colleges in Colorado (and across the United States), thereby improving standards of education and improving the quality of the practice.

Existing practitioners would have to apply for licensure, submit proof of successful attainment of minimum hours of instruction and clinical experience, and pass a national board exam to be licensed to practice in the state of Colorado.

The applicant also requests that the state extend to practitioners of Ayurveda the option of “licensure by endorsement” in order to provide “substantially equivalent credentials and qualifications.” Verification of such certification shall be provided directly from the National Ayurvedic Medical Association (NAMA) or its successor. Verification of licensure in another state may be established in the future as additional states undertake licensure of Ayurveda.

If licensure fees are high, it may preclude existing practitioners from practice, due to perceived lack of affordability. However, as more and more students of Ayurveda become practitioners, welcomed by a healthcare system and in cooperation and partnership with DORA, recognized as licensed Ayurveda professionals, we expect the adoption of Ayurveda by healthcare consumers to vastly outweigh the costs of licensure, erasing any currently existing perception of affordability of licensure. We also anticipate that the number of practitioners in the occupational group of Ayurvedic medicine to increase exponentially, as has been previously demonstrated by the Acupuncturist occupational group prior to and after licensure.

10. Describe any anticipated disqualifications on an applicant for licensure, certification, relicensure, or recertification based on criminal history and how the disqualifications serve public safety or commercial or consumer protection interests.

We see no need to reinvent the wheel on disqualifications, and feel it is in the Ayurvedic professional's best interest to adhere to the best practices as set-forth in the laws and regulations governing other licensed healthcare modalities where applicable and appropriate.

Additionally, the following disciplinary action policy is in place by the National Ayurvedic Medical Association Certification Board (NAMACB):

"NAMACB seeks to protect the public interest by establishing and maintaining the highest ethical and competency standards. In the event that an applicant for certification has a record of prior disciplinary action, the NAMACB Ethics and Disciplinary Review Panel (EDRP) will review the matter, and has the discretion to deny the application. Disciplinary action that will be reviewed by the EDRP includes, but is not limited to:

1. Misrepresentation of any item on the application
2. Conviction of a criminal felony that may indicate lack of moral fitness to practice a healthcare profession/healing art.
3. Having been judged liable in a judicial or administrative proceeding based upon allegations relating to professional competence or other conduct related to a healthcare profession/healing art.
4. Currently facing a limitation, suspension, or revocation of a license to practice a healthcare profession in any U.S. state or jurisdiction, or action based upon a violation of a federal or state law or regulation that relates to a health-related profession.

Certified professionals agree to abide by the NAMACB Code of Ethics and Professional Conduct, and may be disciplined by NAMACB in the event that they violate this code; see Appendix C for information on NAMACB's disciplinary policies and procedures. In cases where final disciplinary action has been imposed by the Ethics and Disciplinary Review Panel on a NAMACB-certified professional, the practitioner's name and sanction will be made public via the NAMACB website. Information regarding final disciplinary actions taken by the EDRP will be reported to regulatory agencies, as may be appropriate. In the case of a voluntary surrender of a certificate by a certificate holder, NAMACB may communicate the fact and date of the resignation to regulatory agencies, as may be appropriate. In addition to disclosures required by law, NAMACB reserves the right to disclose final disciplinary actions to any regulatory agency, employers, insurers and the general public in order to protect the public interest."

The full policy statement can be found in the NAMACB Candidate Handbook available at <https://www.namacb.org/candidate-handbook/>. "Infringement of this Code of Conduct may render professionals liable to disciplinary action with subsequent loss of the privileges and benefits of NAMA professional membership. See the policy titled "Procedures for Disciplinary Action for NAMACB-Certified Practitioners" Appendix C of NAMACB Candidate Handbook document.¹⁴

The following is taken from the Acupuncturists Practice Act and has been modified to name the practice of Ayurveda.

Disqualifications on an applicant for licensure, certification, relicensure, or recertification include:

- The conviction of the licensee of a felony under the laws of any state or of the United States. A guilty verdict, a plea of guilty or a plea of nolo contendere (no contest) accepted by the court is considered a conviction;
- A disciplinary action imposed upon the licensee by another jurisdiction that licenses the practice of Ayurveda, including, but not limited to, a citation, sanction, probation, civil penalty, or a denial, suspension, revocation, or modification of a license whether it is imposed by consent decree, order, or other decision, for any cause other than failure to pay a license fee by the due date or failure to meet continuing professional education requirements;
- Revocation or suspension by another state board, municipality, federal or state agency of any health services related license, other than a lapsed license for the practice of Ayurveda
- Any judgment, award or settlement of a civil action or arbitration in which there was a final judgment or settlement against the licensee for malpractice of the practice of Ayurveda

An applicant may also be disqualified if the applicant has committed any of the following:

- Failed to provide mandatory disclosures or provided false, deceptive, or misleading information to patients in the said disclosure;
- Failed to provide the information required or provided false, deceptive, or misleading information to the division of professions and occupations;
- Committed, or advertised in any manner that he or she will commit, any act constituting an abuse of health insurance, or a fraudulent insurance act;
- Failed to refer a patient to an appropriate practitioner when the problem of the patient is beyond the training, experience, or competence of the practitioner of Ayurveda;
- Accepted commissions or rebates or other forms of remuneration for referring clients to other professional persons;
- Offered or gave commissions, rebates, or other forms of remuneration for the referral of clients; except that, notwithstanding the provisions of this paragraph, the practitioner of Ayurveda may pay an independent advertising or marketing agent compensation for advertising or marketing

¹⁴ Candidate Handbook. National Ayurvedic Medical Association Certification Board. Available at https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/6_namacb/handbook_v11-13_adopded_by_n.pdf Updated November 13, 2018. Accessed November 25, 2018.

services rendered on his behalf by such agent, including compensation which is paid for the results of performance of such services, on a per patient basis;

- Failed to comply with, or aided or abetted a failure to comply with, any lawful rules or regulations adopted by the executive director of the department of public health and environment, including those regulations governing the sanitary conditions of Ayurveda offices, or any lawful orders of the department of public health and environment or of court;
- Failed to comply with, or aided or abetted a failure to comply with, any lawful rules or regulations governing the practice of Ayurveda adopted by the director, or any lawful orders of the director or of court
- Engaged in sexual contact, sexual intrusion, or sexual penetration with a patient during the period of time beginning with the initial patient evaluation and ending with the termination of treatment and for a period of at least 2 years after termination of treatment.
- Departed from, or failed to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established;
- Failed to notify the director of a physical or mental illness or condition that impacts the licensee's ability to practice Ayurveda with reasonable skill and safety to patients; failed to act within the limitations created by a physical or mental illness or condition that renders the licensee unable to perform the practice of Ayurveda with reasonable skill and safety to the patient; or failed to comply with the limitations agreed to under a confidential agreement;
- Continued in the practice of Ayurveda while abusing or habitually or excessively using alcohol, a habit-forming drug, or controlled substance as defined in section 18-18-102 (5), C.R.S.;
- Committed and been convicted of a felony or entered a plea of guilty or nolo contendere to a felony or entered into any deferred sentence or deferred probation agreement; and
- Published or circulated, directly or indirectly, any fraudulent, false, deceitful, or misleading claims or statements relating to Ayurveda or to the practitioner's practice, capabilities, services, methods, or qualifications.

At the time of this application, to the best of our knowledge, neither NAMA nor COLORAMA has received a complaint to disqualify a practitioner from certification.

11. To what degree would the proposed regulation either directly or indirectly affect the cost of goods or services provided by the occupational group? Specify those costs as they exist now and as they would change after the imposition of regulation.

We do not anticipate that proposed regulations will either directly or indirectly affect the cost of goods and services provided by Ayurvedic professionals.

Current Ayurvedic intake and assessment costs range widely from \$50 to upwards of \$250. Costs are determined by individual professionals. We do not anticipate a change in the cost of goods or services provided by the occupational group as a result of imposition of regulation. Rather, we anticipate the fees associated with regulation of the profession will be justified as the profession of Ayurveda is given its place as a licensed occupation, as the general public embraces the safe practice of Ayurveda as an effective licensed complementary and preventative healthcare modality, and as the Ayurvedic professional's network of referrals grows.

The cost to obtain or renew a license will include licensure fees and ongoing continuing education costs required to qualify to renew professional licensure. We do not anticipate that the cost to complete continuing education requirements will change due to licensure. In order to maintain a membership in good standing of NAMA or COLORAMA, practitioners must complete Professional Ayurvedic Continuing Education (PACE) to deepen their knowledge and keep skills current. PACE credits are accrued and reported on a two year cycle. All three categories of Ayurvedic professionals, Ayurvedic Health Counselors (AHC), Ayurvedic Practitioners (AP), and Ayurvedic Doctors (AD) are required to obtain 30 credits on a two year cycle. 2 credits must be attained by successful completion of the Ayurvedic medicine ethics quiz, 19-28 credits obtained in approved Topics of Ayurveda, and a maximum of 9 additional credits in other Optional Topics in Wellness Courses which may include other complementary healthcare studies. We do not anticipate Continuing Education requirements to change upon imposition of regulation.

The Colorado Ayurvedic Medical Association is capable of offering and administering PACE credits and providing continuing education training.

12. What is the applicant seeking to gain through regulation of the occupational group?

The applicant is seeking to gain enhanced status for Ayurvedic professionals in the eyes of the public, regulatory oversight of Ayurvedic professionals to ensure public safety, and adherence to scopes of practice, standards of care, and improved communication between Ayurvedic professionals, medical doctors, and other licensed healthcare practitioners.

Regulation demands an extra measure of competence and dedication from the Ayurvedic professional. Regulation gives a measure of authenticity, professionalism, credentialing, integrating and complimenting other healthcare modalities. Licensed professionals tend to be more dedicated, with enhanced leadership and management skills. Regulation also achieves an enhanced status in the eyes of the public, which equates Ayurvedic professionals with professionals licensed in other fields.

Regulation is an indicator of dedication to integrity, hard work, and creativity, and an assurance that the Ayurvedic professional has passed at least a minimum screen of competence. Regulation is a starting point for professional growth and development, and participation in professional activities is part of the ongoing activities of a true professional.

By regulating this occupational group, health care consumers who wish to integrate Ayurveda into their health care plan can be assured that their practitioner of Ayurveda is practicing in a method and manner that prevents and mitigates harms from:

- Use of poor quality, adulterated or counterfeit products;
- Unqualified practitioners;
- Misdiagnosis, delayed diagnosis, or failure to recommend use of effective conventional treatments;
- Exposure to misleading or unreliable information;
- Direct adverse events, side effects or unwanted treatment interactions.¹⁵

By licensing Ayurvedic professionals in the three categories of practice (AHC, AP, AD) healthcare consumers gain improved access to lines of communication between their Ayurvedic professional and their medical doctors, healthcare team, and other licensed healthcare practitioners.

13. Indicate how the public would be protected by regulation of this occupational group?

WHO has described the risks associated with traditional and complementary medicine (T&CM) products, practitioners, and self-care. Occupational licensure of Ayurvedic professionals will protect the public's health and safety by increasing the quality of Ayurvedic health care services through mandatory entry requirements, minimum standards of education and clinical training, and Ayurvedic medicine board oversight.

The regulation of Ayurvedic professionals will protect the public health consumer:

1. By requiring adherence by the Ayurvedic professional in their recommendation of products that meet or exceed quality and purity standards and by prohibiting the use of poor quality, adulterated or counterfeit products;
2. By codifying minimum education, training, and qualification standards required to practice.
3. From misdiagnosis, delayed diagnosis, or failure to refer out for effective conventional treatments due to lack of training, clinical experience, and board administered examinations demonstrating competencies required to practice.
4. From exposure to misleading or unreliable information from Ayurvedic professionals who do not meet minimum qualifications and competency standards.

¹⁵ World Health Organization. WHO Traditional Medicine Strategy 2014-2023. <http://apps.who.int/medicinedocs/documents/s21201en/s21201en.pdf>, accessed November 1, 2018.

5. By having recourse to reprimand or disqualify an Ayurvedic professional from practice due to a client/patient's experience of direct adverse events, side effects or unwanted treatment interactions.

The Ayurvedic Practitioner and Ayurvedic Doctor use, and recommend for use, a variety of products made either of herbs and botanicals only or a combination of herbs, metals, minerals, or other materials in an Ayurvedic practice called *rasa shastra*. Some of these products may be harmful and have the potential to be toxic if used improperly or without the direction of a trained practitioner.

In 2008, an NCCIH-funded study examined the content of 193 Ayurvedic products purchased over the Internet and manufactured in either the United States or India. The researchers found that 21 percent of the products contained levels of lead, mercury, and/or arsenic that exceeded certain standards for acceptable daily intake.

Regulation of the practice of Ayurveda will ensure that every practitioner is trained in the proper use of Ayurvedic products, supplements, and herbs, at their scope of practice, to prevent the misuse or recommendation of products that contain heavy metals which exceed safety guidelines. COLORAMA will ensure that practitioners of Ayurveda in the state of Colorado adhere to safety guidelines in order to prevent the continued proliferation of Ayurvedic supplements and formulas that may intentionally contain or unintentionally be contaminated with heavy metal levels that exceed safety guidelines. We will also implement a formal education campaign about acceptable supplements, raw materials, botanicals and herbs that meet purity standards and have undergone rigorous third party testing. This information will be disseminated on our website, and via email and newsletter informational campaigns.

In September 2008, the National Ayurvedic Medical Association, along with the Ayurvedic Practitioners Association (UK) and Verband Europäischer Ayurveda-Mediziner und -Therapeuten (Germany), issued a joint response to the Journal for the American Medical Association regarding the 2008 study, concluding that "In order to adequately and effectively meet the existing challenge of heavy metal contamination in Ayurvedic products, NAMA, APA and VEAT make the following recommendations:

- 1) That government and industry establish sound, scientific daily dose limits for lead, mercury and arsenic in all dietary supplements and establish Good Manufacturing Practices that all manufacturers demonstrate compliance through independent third-party testing using validated preparation and testing methodologies, not just for Ayurvedic products and dietary supplements but also for conventional foods.
- 2) That manufacturers, marketers, **practitioners** and consumers of herbal products **stop importing, manufacturing, distributing, selling, recommending and using any product for which lead, mercury or arsenic have been intentionally added until such time as modern western science and medicine have proven the safety of such products.**
- 3) We support those companies who adhere to the points in these recommendations, Good Manufacturing Practices, quality control and who are members of one or more recognized industry associations that are committed to safety and quality.

4) Until such time as government and industry can agree upon and establish scientifically sound daily dose limits for lead, mercury and arsenic, we recommend that manufacturers and **practitioners adhere to any government regulations currently in existence and at a minimum follow the lower of the guidelines established by ANSI/NSF and FAO/WHO which are currently 20 µg /day for lead, 14 µg /day for mercury and 10 µg /day for arsenic.**¹⁶

Note that since the 2008 response by NAMA, the American Herbal Products Association has adopted the following guidance on maximum quantitative limits, which has been revised and updated July 03, 2017. These quantitative limits are determined at the highest labeled dose of a supplement, and are applicable only to herbal supplements that are consumed in a total daily amount of 5 grams or less.

A product in compliance with this guidance may require a warning in order to comply with California Proposition 65's listing of these chemicals.

- for inorganic arsenic; 10 mcg/day;
- for cadmium; 4.1 mcg/day;
- for lead: 6 mcg/day;
- for methyl mercury: 2.0 mcg/day.¹⁷

Additionally, the public is placed at greater risk of herb-drug interactions when internal use of botanicals, herbal supplements, and other dietary supplements are provided by Ayurvedic professionals who have not received the proper training in identifying herb-drug interactions. The regulation of this occupational group will put into place minimum entry requirements, will enforce scopes of practice of each category of the practice of Ayurveda, and will ensure the highest level standards of care to prevent life-threatening herb-drug interactions, in coordination and collaboration with a client or patient's medical team.

Public demand for complementary medicine has grown to a level where communication and cooperation with licensed healthcare providers is urgent and necessary. Many patients see complementary practitioners concurrently with their doctor. However, they often do not tell their doctor about it, perhaps because they fear a negative response. Evidence that professionals from all parts of the healthcare spectrum are engaging in constructive debate about their relative roles would encourage greater communication between all practitioners and their patients. Licensure is the entry point to this necessary conversation, cooperation, and collaboration between medical doctors and practitioners of Ayurveda.¹⁸

¹⁶ NAMA Responds to Issue of Heavy Metal Toxicity. National Ayurvedic Medical Association. <https://www.ayurvedanama.org/articles/2018/10/30/nama-responds-to-issue-of-heavy-metal-toxicity?rq=heavy%20metals> Published on August 28, 2008. Accessed on October 30, 2018.

¹⁷ AHPA Guidance Policies. American Herbal Products Association. <http://www.ahpa.org/News/LatestNews/tabid/96/ArtMID/1179/ArticleID/229/Default.aspx> Published on July 03, 2017. Accessed on November 25, 2018.

¹⁸ Tomasko, Felicia M. Ayurvedic Medicine. In: Glugston, Renee M. et al, eds. *Clinicians' & Educators' Desk Reference on Integrative Health & Medicine Professions*. 3rd Ed. Mercer Island, WA. Academic Collaborative for

14. Within the usual practice of this occupation, document the physical, emotional or financial harm to clients resulting from failure to provide appropriate service, or erroneous or incompetent service. Give specific, verifiable examples.

Complementary and alternative medicine has never been more popular. Nearly 40 percent of adults report using complementary and alternative medicine, also called CAM for short. Doctors are embracing CAM therapies, too, often combining them with mainstream medical therapies - spawning the term "integrative medicine." The single most common complementary health approach among adults is the use of "Natural Products" such as herbs (also known as botanicals), widely marketed and readily available to consumers, often sold as "dietary supplements." 17.7% of adults in the US today use natural products.¹⁹ Ayurvedic products, and the herbs, botanicals, and formulas used by practitioners of Ayurveda, fall squarely into this category.

It is exceedingly difficult to ascertain the physical, emotional or financial harm to clients resulting from failure to provide appropriate service, or erroneous or incompetent service of Ayurvedic medicine. Patients often fail to report to their MD the use of Ayurvedic medicine, botanicals, and other supplements. Additionally, the National Ayurvedic Medical Association (NAMA) has received only two complaints against its members since the inception of the organization in 2000; both of these complaints were submitted against the same member, a massage therapist, regarding inappropriate touch (and nothing to do with the practice of Ayurveda).

Three areas of potential harms, which have been illustrated in the research literature, exist:

1. Failure to coordinate and properly integrate care due to lack of communication between medical doctors and complementary medicine practitioner such as Ayurvedic professionals.²⁰
2. The potential for Ayurvedic botanicals or herbal supplements to be a source of heavy metal toxicity, specifically lead, mercury and arsenic.
3. And the potential for misuse of botanicals to have significant adverse impact, including adverse drug-herb interaction.

Integrative Health; 2017.

https://static1.squarespace.com/static/55861f1ae4b01ea9a58583a7/t/597bb31e914e6b7dd5beb083/1501279018792/2017+CEDR_final_071817.pdf. Accessed on October 27, 2018.

¹⁹ National Center for Complementary and Integrative Health. Complementary, Alternative, or Integrative Health: What's in a Name? <https://nccih.nih.gov/health/integrative-health> Updated July 2018. Accessed November 14, 2018.

²⁰ Kesavadev J, Saboo B, Sadikot S, et al. Unproven Therapies for Diabetes and Their Implications. *Adv Ther.* 2016;34(1):60-77.

As reported in a 2015 article in the International Journal of Occupational and Environmental Health,²¹ “Several cases of metal toxicity have been associated with the presence of lead, mercury, and arsenic in Ayurvedic traditional medicine.^{22 23} These include reports of lead poisoning in England, New Zealand, United States, and in India. A systematic literature search for the years 1966–2007 identified five case reports of lead encephalopathy associated with Ayurvedic products.^{24”}

Additionally, concern has been raised by the Endocrine Society that the use of botanical supplementation, specifically Ashwagandha *Withania somnifera*, may have caused hirsutism in the case of a 51 year old female. While this case provides interesting blood panels during consumption of Ashwagandha and after discontinuing this supplement, resulting in complete resolution of hirsutism symptoms, the case presentation does not provide basic information about dosage quantity, frequency, or whether the patient was under the care of a CAM practitioner or if she was had self-selected the botanical for self-care.²⁵

Given these potentials for harm, minimum entry requirements for the profession have been established by the National Ayurvedic Medicine Association’s Certification Board (NAMACB) and we seek to license and regulate the practice to maintain oversight on adherence to scopes of practice, the need to make compulsory the adherence to best practices for the ethical, safe and effective practice of Ayurveda, and the need to assure the public about the practitioner’s competency and training, critical for the benefit of the public’s health, safety, and welfare.

15. Do clients have access to this occupational group directly, or are they referred by members of another occupational group?

Clients/patients seeking Ayurvedic medicine have direct access to Ayurvedic professionals, do not need a referral by a primary care provider, and often find a practitioner by internet search.

The National Ayurvedic Medical Association (NAMA) and the Colorado Ayurvedic Medical Association (COLORAMA) provide a directory of members who qualify as professional practitioners. The general public can search these directories to find an Ayurvedic professional.

Referrals from one Ayurvedic professional to another, for example if a client/patient’s care falls outside of their scope of practice, also provide a gateway for the health care consumer to find a new practitioner.

²¹ Breeher L, Mikulski MA, Czczok T, Leinenkugel K, Fuortes LJ. A cluster of lead poisoning among consumers of Ayurvedic medicine. Int J Occup Environ Health. 2015;21(4):303-7.

²² Dargan PI, Gawarammana IB, Archer JR, House IM, Shaw D, Wood DM. Heavy metal poisoning from Ayurvedic traditional medicine: an emerging problem? Int J Environ Health. 2008;2(3/4):463–73.

²³ Three cases of lead toxicity associated with consumption of ayurvedic medicines.

Raviraja A, Vishal Babu GN, Sehgal A, Saper RB, Jayawardene I, Amarasiriwardena CJ, Venkatesh T Indian J Clin Biochem. 2010 Jul; 25(3):326-9.

²⁴ Karri SK, Saper RB, Kales SN. Lead encephalopathy due to traditional medicines. Curr Drug Saf. 2008;3(1):54–9.

²⁵ Nguyen DD, Almirante C, Swamy S, Willard L, Castillo D, Khardori R. Effect of ashwagandha on adrenal hormones presented at the Endocrine Society's 95th Annual Meeting and Expo. 2013.

16. Does the current lack of regulation of this group make its practitioners ineligible for third party insurance payments or federal grants?

Yes! As unlicensed complementary medicine practitioners, Ayurvedic professionals are currently ineligible for third party insurance payments. Students attending professional training programs are not eligible for federal education grants or student loans. This restricts both new student entries into the profession, healthcare consumer reach by existing Ayurvedic professionals, and access to Ayurvedic professionals by healthcare consumers who rely on insurance coverage and reimbursements to cover healthcare costs.

17. Describe the minimum competencies necessary to enter this occupation.

The National Ayurvedic Medical Association (NAMA) has established and the Colorado Ayurvedic Medical Association (COLORAMA) have adopted three categories of Ayurvedic professional scopes of practice. COLORAMA is the approved representative of the practice of Ayurveda in Colorado.

NAMA, and the NAMA Certification Board (NAMACB) have developed an “Educational Outline for Competency,” the framework for curriculum offered in programs and schools which offer Ayurvedic medicine training and what is covered on the certification exam for each professional category. The guidelines include four areas of concentration:

- Foundations of Ayurveda: History and Philosophy
- Concepts of Ayurveda
- Skills and competencies
- Recommendations, treatment and other interventions

Each of the three scopes of practice, Ayurvedic Health Counselor (AHC), Ayurvedic Practitioner (AP) and Ayurvedic Doctor (AD) have increasing amounts of training hours, clinical experience, and depth and breadth of knowledge.

See Scope of Practice for the Ayurvedic Profession summarized below and available at <https://www.namacb.org/scope-of-practice> for details.²⁶

²⁶ Scope of Practice for the Ayurvedic Profession, finalized August 2018. National Ayurvedic Medical Association. https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/nama_sop_doc_updated_08-08-1.pdf, updated August 1, 2018. Accessed on November 1, 2018.

1. Ayurvedic Doctor (AD)

The general scope of practice of the Ayurvedic Doctor is similar to the Ayurvedic Practitioner, but they have more extensive, in-depth education and relevant clinical experience in Astanga Ayurveda (all 8 branches of Ayurvedic medicine). They also have additional experience in teaching, demonstrations, practical panchakarma training, and research methods.

Ayurvedic Doctors understand disease from an Ayurvedic perspective, while possessing a working knowledge of Western medical diagnostic and treatment terminology and practices, sufficient to enable them to correlate those terms and diagnosis into Ayurvedic understanding and practice.

Ayurvedic Doctors have a working knowledge of Western medical pathology, pharmacology, diagnostic reports, and treatments, in order to interface with the Western medical community and modify the Ayurvedic management of cases accordingly, as needed. They are not required to order Western diagnostic tests and do not prescribe Western medicines.

Ayurvedic Doctors have an informed awareness of public health and epidemiology (*janapadoddhvamsa*) from the Western and Ayurvedic perspectives. They are informed consumers of research pertaining to the Ayurvedic field, and are able to evaluate, discuss, and apply contemporary research within the context of Ayurvedic knowledge. They are able to make significant contributions to the profession such as contributing to or participating in research, review articles, conference teaching, or presentation of case studies.²⁷

The hourly range of educational training for this category is 3000-4500 hours, 1500 contact hours more than the Ayurvedic Practitioner, and a supervised internship overseeing a minimum of 300 patient visits or encounters.²⁸

Complete Educational Requirements for the NAMACB Certified Ayurvedic Doctor can be accessed here: <https://www.namacb.org/competency-guidelines/>. These guidelines are under review and the AD Certification Exam is scheduled to be rolled out in 2019.

We will require that all Ayurvedic professionals have knowledge of symptoms that require referral to a licensed medical professional and be able to refer patients/clients to the appropriate type of Medical Doctor, PCP, or specialist for assessment and possible treatment. Ayurvedic professionals of any category are strictly prohibited from making medical diagnoses. The scope of practice for the AHC, AP, and AD levels will be the same as that established by NAMA.

²⁷ Scope of Practice for the Ayurvedic Profession, finalized August 2018. National Ayurvedic Medical Association. https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/nama_sop_doc_updated_08-08-1.pdf, updated August 1, 2018. Accessed on November 1, 2018.

²⁸ Patient Encounter Guidelines. National Ayurvedic Medical Association. <https://www.ayurvedanama.org/articles/2018/1/22/patient-encounter-guidelines>, published January 22, 2016. Accessed on September 1, 2018.

2. Ayurvedic Practitioner (AP)

Ayurvedic Practitioners are competent in managing and treating disease from the Ayurvedic perspective, using Ayurvedic etiology, (*nidāna*), pathology (*samprāpti*), diagnosis and management of diseases (*kaya cikitsā*), in addition to being in the prevention of disease and promotion of health (*svasthavṛtta*). In addition to diet and lifestyle (*āhāra vihāra*), Ayurvedic Practitioners use herbs as medicine (*dravyaguṇa vijñāna*) and Āyurvedic purification (*śodhana cikitsā*) and rejuvenative therapies (*rasāyana*). They also understand the basics of Western anatomy, physiology and pathology.

They should be able to contribute to the profession such as by writing articles, contributing to research, teaching at professional conferences or presenting case studies.

The AP applicant must undergo a minimum of 1500-2500 hours of training, and obtain a minimum of 150 patient encounters.²⁹

Prerequisite: 6 credits of college level anatomy & physiology.

The Ayurvedic Practitioner must be able to refer a patient for assessment and possible treatment by a medical practitioner. In order to be competent, the practitioner should be able to make a referral to an appropriate Western Medicine Practitioner at the appropriate time and must understand the scope of practice of a Medical Practitioner, including which type of specialist is appropriate for the client's condition. The Practitioner must also have knowledge of red flag symptoms that require immediate referral, and must understand how other health care professionals can complement the care being provided by the Ayurvedic Practitioner.³⁰

We will require that all Ayurvedic professionals have knowledge of symptoms that require referral to a licensed medical professional and be able to refer patients/clients to the appropriate type of Medical Doctor, PCP, or specialist for assessment and possible treatment. Ayurvedic professionals of any category are strictly prohibited from making medical diagnoses. The scope of practice for the AHC, AP, and AD levels will be the same as that established by NAMA.

²⁹ Patient Encounter Guidelines. National Ayurvedic Medical Association.
<https://www.ayurvedanama.org/articles/2018/1/22/patient-encounter-guidelines>, published January 22, 2016.
Accessed on September 1, 2018.

³⁰ Āyurvedic Practitioner: Educational Outline for Competency. National Ayurvedic Medical Association.
https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/ap_competency_guideline_09-.pdf Updated December 1, 2017.
Accessed on September 1, 2018.

3. Ayurvedic Health Counselor (AHC)

Ayurvedic Health Counselors are competent in health promotion and disease prevention (*svasthavṛtta*). They utilize the principles of Ayurvedic medicine to create diet and lifestyle (*āhāra and vihāra*) recommendations according to their assessment of the patient's Ayurvedic constitution and imbalances (*prakṛti and vikṛti*), state of the *doṣas, agni, dhātus, malas, and manas* (mind). They educate, motivate and counsel patients in order to support them to be successful in implementing the principles of Ayurveda into their lives. Ayurvedic Health Counselors refer patients to Ayurvedic Practitioners or Ayurvedic Doctors when the patient's disease state (*samprāpti*) requires diagnosis (*nidāna*) and treatment (*cikitsā*).³¹

Prerequisite: 6 credits of college level anatomy & physiology.

AHC Applicants must undergo a minimum of 600-1000 hours of training, and a minimum of 50 patient encounters.³²

We will require that all Ayurvedic professionals have knowledge of symptoms that require referral to a licensed medical professional and be able to refer patients/clients to the appropriate type of Medical Doctor, PCP, or specialist for assessment and possible treatment. Ayurvedic professionals of any category are strictly prohibited from making medical diagnoses. The scope of practice for the AHC, AP, and AD levels will be the same as that established by NAMA.

³¹ Scope of Practice for the Ayurvedic Profession, finalized August 2018. National Ayurvedic Medical Association. https://cdn.ymaws.com/ayurvedanama.site-ym.com/resource/resmgr/3_official_documents/nama_sop_doc_updated_08-08-1.pdf, updated August 1, 2018. Accessed on November 1, 2018.

³² Patient Encounter Guidelines. National Ayurvedic Medical Association. <https://www.ayurvedanama.org/articles/2018/1/22/patient-encounter-guidelines>, published January 22, 2016. Accessed on September 1, 2018.

18. List institutions, program titles and contact information for such programs offering accredited and non accredited programs in Colorado to prepare practitioners for entry into this occupation. What is the cost of completing these programs? If programs are not available in Colorado, what is the cost of out-of-state programs? If no formal training or education is required, how does the practitioner learn the occupation?

The education and training of Ayurvedic professionals in the USA is largely accomplished by private post-secondary schools. These institutions grant certificates of successful completion and for the most part are not degree granting, although they are licensed to operate by the states in which they reside. There are currently no US Department of Education approved programmatic accreditors for the Ayurvedic profession and, since the majority of training institutions are not degree granting, they do not have regional accreditation either. The oldest and largest professional association representing the Ayurvedic profession is the National Ayurvedic Medical Association (NAMA), incorporated in 2000. NAMA has formally set standards for education and training, has reviewed school education and training programs, and has approved those that meet or exceed established criteria. NAMA has created the profession's titles, scopes of practice, competencies and national exams for these titles. The NAMA Accreditation Council (NAMAAC) is currently in process preparing to apply to the US Department of Education as an approved programmatic accreditor for the Ayurvedic Profession. Until approved, NAMAAC will continue to set standards for professional education and training and review and approve Ayurvedic education and training programs on its own. In addition to setting standards for professional education and training leading to professional certification by the NAMA Certification Board (NAMACB), NAMA also has established criteria for Professional Ayurvedic Continuing Education (PACE) programs, and reviews and approves those PACE providers and programs that meet established criteria.

See next page for details about the Colorado programs which prepare Ayurvedic professionals for entry into this occupation, and a list of programs recognized by NAMA throughout the United States.

Ayurvedic Professional training programs in Colorado

Three schools of Ayurvedic medicine in the state of Colorado currently offer programs recognized by the National Ayurvedic Medical Association which prepare Ayurvedic professionals for entry into this occupation:

Alandi Ayurveda Gurukula

2457 20th Street, Boulder, CO 80304

(303)786-7437

info@alandiashram.org

Program: Ayurvedic Doctor

Cost: \$26,000 for four-year, 4000 hour program; does not include additional materials fees

Ayurved Sadhana Vaidyalaya*

2082 Grayden Court, Superior, CO 80027

(303) 530-3730

info@ayurvedsadhana.com

Program: Ayurvedic Practitioner

Cost: \$16,500 for three-year, 1361 hour program; does not include additional materials fees

Program: Ayurvedic Advanced Practitioner

Cost: \$23,000 for four-year, 1965 hour program; does not include additional materials fees

*Ayurved Sadhana is approved by the State of Colorado Department of Education, Division of Private Occupational Schools

PranaYoga and Ayurveda Mandala

3333 Federal Blvd, Denver, CO 80211

(303) 432-8099

pyamandala@gmail.com

Program: Ayurvedic Health Counselor

Cost: \$ 15,886 for 1002 hour program; does not include additional materials fees

Ayurvedic Professional training programs throughout the USA

Formal training and education are required as established by NAMA and NAMACB. This is the complete list of programs throughout the US offering NAMA approved programs:

NAMA Approved Ayurvedic Doctor Programs

The following member school program has been reviewed and is recognized as providing training at the professional membership level of Ayurvedic Doctor. Students who successfully complete the following Ayurvedic Doctor programs are qualified to sit for the NAMACB AD Exam (in development, scheduled for rollout in 2019).

Member School: Alandi Ayurveda Gurukula
Program: Ayurvedic Doctor

NAMA Approved Ayurvedic Practitioner Programs

The following member schools' programs have been reviewed and are recognized as providing training at the professional membership level of Ayurvedic Practitioner. Students who successfully complete the following Ayurvedic Practitioner programs, and other equivalent programs named below, are qualified to sit for the NAMACB AP Exam.

Member School: American Ayurvedic Academy - Svastha Acharya Training Program
Program: Ayurvedic Practitioner

Member School: Ayurved Sadhana Vaidyalaya
Program: Ayurvedic Practitioner

Member School: Ayurvedic Institute
Program: Ayurvedic Practitioner

Member School: Bastyr University
Program: M.S. in Ayurvedic Sciences

Member School: Member School: California College of Ayurveda
Program: Clinical Ayurvedic Specialist

Member School: Florida Academy of Ayurveda
Program: Ayurvedic Practitioner

Member School: Kerala Ayurveda Academy (CA)
Program: Ayurvedic Wellness Practitioner

Member School: Kerala Ayurveda Academy (WA)
Program: Ayurvedic Wellness Practitioner

Member School: Maharishi University of Management
Program: MS in Maharishi AyurVeda and Integrative Medicine

Member School: Mount Madonna Institute College of Ayurveda
Program: Ayurvedic Practitioner

Member School: Narayana Ayurveda & Yoga Academy (formerly San Diego College of Ayurveda)
Program: Ayurveda Wellness Practitioner

Member School: Radiant Living Online School of Ayurveda
Program: Ayurvedic Practitioner

Member School: Sai Ayurvedic College
Program: Ayurvedic Practitioner

Member School: Sampurna College of Ayurveda & Holistic Studies
Program: Associate in Ayurvedic Medicine

Member School: San Diego College of Ayurveda (now Narayana Ayurveda & Yoga Academy)
Program: Ayurveda Wellness Practitioner

Member School: Southern California University of Health Sciences
Program: Ayurvedic Practitioner

Member School: Spirit Path Ayurveda Education
Program: Ayurvedic Practitioner

Member School: Yoga Veda Institute
Program: Ayurvedic Practitioner

Ayurveda Health Counselor Program:

The following member schools' programs have been reviewed and are recognized as providing training at the professional membership level of Ayurvedic Health Counselor. Students who successfully complete the following programs are qualified to sit for the NAMACB AHC Exam.

Member School: Asheville School of Massage & Yoga
Program: Ayurveda Wellness Counselor

Member School: Ayurvedic Institute
Program: Ayurvedic Lifestyle Consultant

Member School: Bastyr University Continuing Education
Program: Ayurvedic Lifestyle Consultant

Member School: Bodhananda Vedic Institute
Program: Ayurvedic Consultant

Member School: Belly Mind Institute
Program: Ayurvedic Consultant

Member School: Boston Ayurveda School
Program: Ayurvedic Consultant

Member School: California College of Ayurveda
Program: Ayurvedic Health Counselor

Member School: Florida Academy of Ayurveda
Program: Ayurvedic Health Counselor

Member School: Hale Pule Ayurveda & Yoga
Program: Ayurvedic Health Counselor + Clinical Mentoring

Member School: Himalayan Institute
Program: Ayurvedic Health Counselor (AYS/AHC Grad School)

Member School: The Institute of Beauty and Wellness
Program: Ayurveda Esthetics

Member School: Kerala Ayurveda Academy (CA)
Program: Ayurvedic Wellness Counselor

Member School: Kerala Ayurveda Academy (WA)
Program: Ayurvedic Wellness Counselor

Member School: Ki-Atsu Institute for Vedic Sciences
Program: Ki-Atsu Ayurvedic Health & Lifestyle Consultant

Member School: Kripalu School of Ayurveda
Program: Ayurvedic Health Counselor

Member School: PranaYoga and Ayurveda Mandala
Program: Ayurvedic Health Counselor

Member School: Maharishi University of Management
Program: BA in Ayurveda Wellness

Member School: Mount Madonna Institute College of Ayurveda
Program: Ayurveda Health Counselor

Member School: Narayana Ayurveda & Yoga Academy (formerly San Diego College of Ayurveda)
Program: Ayurveda Health Counselor

Member School: New World Ayurveda
Program: Ayurvedic Health Practitioner (note: this program is recognized by NAMA at the Ayurvedic Health Counselor level)

Member School: Radiant Living Online School of Ayurveda
Program: Ayurvedic Health Counselor

Member School: Sacred Stone Academy of Massage and Ayurveda
Program: Ayurveda Health Counselor

Member School: Sai Ayurvedic College
Program: Ayurvedic Health Wellness Consultant

Member School: Sampoorna College of Ayurveda & Holistic Studies
Program: Certificate in Ayurvedic Medicine

Member School: San Diego College of Ayurveda (now Narayana Ayurveda & Yoga Academy)
Program: Ayurveda Health Counselor

Member School: Southern California University of Health Science
Program: Ayurvedic Wellness Educator

Member School: Wise Earth School of Ayurveda
Program: Wise Earth Ayurveda Community Instructor/ Educator

19. Is there an examination currently used to measure qualifications for entry? If so, who constructs and administers the examination? Please submit documentation on the validity and reliability of such exams.

The National Ayurvedic Medical Association Certification Board (NAMACB) is an Ayurvedic certification organization in the United States of America. Obtaining a NAMACB certification means that the candidate has demonstrated the entry-level competencies for his/her category of practice by completing a NAMA-approved course of study and passing a rigorous certification exam, and is engaged in ongoing training as a professional through continuing education and other activities.

Earning NAMACB certification represents a significant professional achievement. Building off of educational competencies and standards developed by the National Ayurvedic Medical Association, NAMACB certification is the first well-established credentialing process for Ayurvedic medicine in the U.S.; as such, it provides one of the few means by which clients, healthcare entities, government agencies and others can determine whether individual practitioners are qualified.

The mission of the NAMACB is to promote the health and well-being of the public, ensure public safety, and advance the professional practice of Ayurvedic medicine by establishing and promoting nationally recognized Ayurvedic professional certification credentials that reflect evidence-informed standards of competence.

The NAMA Certification Board has teamed up with the professional psychometric team of experts at Kryterion Global Testing Solutions who oversee the development and administration of our Board exams for each of the three categories of practice, AHC, AP, and AD. This ensures our certification program is:

- **Useful:** Achieves our professional goals.
- **Credible:** Has perceived value and holds up under the scrutiny of others in the health care field.
- **Reliable:** Consistently measures whatever the test is measuring.
- **Valid:** The scores provide meaningful information based upon the purpose of the test(s).
- **Legally Defensible:** Has followed the best practices to help ensure the test scores are fair, reliable and valid.

COLORAMA seeks to regulate the practice of Ayurveda in Colorado by requiring that the applicant successfully completes the minimum training requirements for their scope of practice category as defined by NAMA and NAMACB AND pass the NAMACB certification exam for their scope of practice category to demonstrate competency.

20. Is this occupational group affiliated with an association which sets and enforces standards? If so, please explain the process and standards.

The National Ayurvedic Medical Association (NAMA) is the leading voice of the Ayurvedic profession in the United States. NAMA's professional membership is open to Ayurvedic professionals who meet previously established qualifying criteria.

All persons seeking to apply for Ayurvedic Health Counselor (AHC) or Ayurvedic Practitioner (AP) Professional Membership must first pass their respective NAMA Certification Board (NAMACB) certification exam. The Ayurvedic Doctor exam is expected in early 2019.

In addition, every two years Professional Members are required to take an ethics exam and submit 30 continuing education credits to maintain their membership.

The NAMACB Candidate Handbook serves as the principal source of information for applicants seeking certification as an Ayurvedic Health Counselor or an Ayurvedic Practitioner. This Handbook will be updated upon completion of the Ayurvedic Doctor exam and certification process. Among other things, it provides detailed information about certification requirements of the NAMA Certification Board (NAMACB), including eligibility requirements, application procedures, fees, exam registration, exam content, exam administration, the policy on accommodations for candidates who meet the requirements of the Americans with Disabilities Act, and professional ethics and disciplinary procedures.

The NAMACB Candidate Handbook may be accessed at <https://www.namacb.org/candidate-handbook/>

The Colorado Ayurvedic Medical Association (COLORAMA) seeks to further preserve, protect, promote, and advance the practice of Ayurveda in the state of Colorado. Our professional practitioner members have been certified by NAMA or are professional practitioners registered with the Association of Ayurvedic Professionals of North America (AAPNA).

To register with AAPNA, an applicant must complete a membership application, submit a copy of their successfully completed degree/diploma/certification, plus any additional degree/diploma/certifications, and must agree to the Professional Ayurvedic Continuing Education Providers Code of Conduct, as well as the AAPNA Code of Conduct. The applicant must certify that the information he/she/they provide to AAPNA is true, correct, and complete. For the complete application reference: <https://www.aapna.org/join-aapna.html>.

COLORAMA seeks to regulate the practice of Ayurveda in Colorado by requiring that the applicant successfully completes the minimum training requirements for their scope of practice category as defined by NAMA and NAMACB and pass a NAMACB certification exam for their scope of practice category to demonstrate competency.

21. What federal, Colorado state, county, or local laws currently apply to the practice of this occupational group? Please provide copies of the relevant statutes, ordinances and rules.

Ayurvedic professionals in the state of Colorado currently practice under CRS § 6-1-724 Unlicensed alternative health care practitioners--deceptive trade practices--short title--legislative declaration—definitions, known as the “Colorado Natural Health Consumer Protection Act”.

22. What type of private credentialing is or could be available as an alternative to government regulation?

Practitioners of Ayurveda in the state of Colorado may obtain credentialing through the National Ayurvedic Medical Association (NAMA) having met or exceeded minimum training requirements and by passing a national board exam issued by NAMACB; they may use titles implying that they are certified to practice through a state certification program (for example, the California Bureau for Private Postsecondary Education recognizes a number of programs in California, and California schools may offer certifications upon successful completion of their programs); or they may claim that they are registered to practice by using titles conferred by the Association of Ayurvedic Professionals of North America (AAPNA) which does not require passing a board exam.

Currently, there is nothing that compels a practitioner to adhere to, or prohibits a practitioner from failing to adhere to, minimum entry requirements for the practice of Ayurveda in Colorado. COLORAMA is seeking to regulate the practice of Ayurveda in the state of Colorado according to the best practices established by the National Ayurvedic Medical Association (NAMA) and NAMA Credentialing Board (NAMACB) by requiring that applicants:

- Obtain minimum training and clinical experience for each category of practice: AHC, AP, AD
- Provide proof of education that meets the guideline standards established by the Educational Outline for Competency set forth by NAMACB
- Demonstrate competency to practice by successfully passing the NAMACB Board Exam for their category of practice

23. If the occupational group has been deregulated (sunsetting) by the General Assembly, and the applicant is requesting re-regulation, the applicant should provide documentation on harm to consumers since deregulation that necessitates re-regulation by the state.

Not Applicable. This is the first application submitted to regulate the practice of Ayurveda in the state of Colorado.

24. If the occupational group is a former applicant re-submitting a sunrise application, please include updated information that will substantiate the request for regulation.

Not Applicable. This is the first application submitted to regulate the practice of Ayurveda in the state of Colorado.

25. Is mandatory continuing education part of the proposed regulation? If yes, you must complete an application for mandatory continuing education, which is available from the Office of Policy, Research and Regulatory Reform.

Continuing Education is part of the proposed regulation of the practice of Ayurveda in the state of Colorado. See the application for mandatory continuing education, attached.

26. In how many other states is the occupation regulated? Please complete the following table.

No other states have yet to regulate or license Ayurvedic professionals. Colorado will be the first state to regulate the practice of Ayurveda in the United States.

Note: Inquiries regarding sunrise applications may be made to the Department of Regulatory Agencies at (303) 894-2992.

Signatures in support of the regulation of the profession of Ayurveda,

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